

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, 2nd floor, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

LOBBYIST REGISTRATION

The lobbyist and client joint registration form and registration fee must be filed with the Commission no later than 15 business days after the date on which the lobbyist has lobbied more than 8 hours in a calendar month. The registration fee is \$200 for lobbyists and \$100 for lobbyist associates. Please make checks payable to Treasurer, State of Maine. A penalty of \$200 may be assessed for every month the registration is filed late (3 M.R.S.A. § 319).

Once registered, the lobbyist must file monthly disclosure reports with the Commission on the 15th day of every calendar month for the remainder of the lobbying year. The monthly reports must be filed even if there was no lobbying activity for the month.

ALL SECTIONS OF THIS FORM MUST BE COMPLETED.

LOBBYIST INFORMATION						
Lobbyist Name			Phone			
Firm/Organization Name			Fax			
Mailing Address			E-mail			
City, State, Zip			Alternate E-mail			
CLIENT INFORMATION						
Employer Name			Phone			
Principal Contact Name			Fax			
Mailing Address			E-mail			
City, State, Zip			Client Web Site			
LOBBYIST ASSOCIATES						
	Use additional pa	_	,			
Associate Name		Associate Name				
Mailing Address		Mailing Address				
E-mail	Phone	E-mail		Phone		
AUTHORIZED AGENTS List all individuals authorized to file reports on the Lobbyist's behalf						
		Name				
Tullio						
Telephone		Telephone				
E-mail		E-mail				
	COMMENCEMENT OF I	LOBBYIN	G ACTIVITIES			
		Date when lobbying first exceeded 8 hours in any calendar month:				
COMPENSATION						
Indicate the amount of compensation or basis on which the lobbyist will charge for services:						

PRIMARY NATURE OF BUSINESS Indicate the primary nature of the business of the person employing the lobbyist by checking ONE category below							
[] Accounting	[] Firearms		[] Legal	[]	Tobacco		
[] Agriculture	[] Food Proce	essing/Sales	[] Media	[]	Tourism		
[] Alcoholic Beverages	[] Food Service		[] Mental Health	[]	Transportation		
[] Banking/Finance	[] Forest Products		[] Motor Vehicle	[]	Utilities		
[] Biotechnology	[] Government		[] Natural Resources	[]	Wagering/Gaming		
[] Business	[] Health Care	e	[] Public Interest	[]	Waste Management		
[] Commerce	[] Human Ser	vices	[] Real Estate	[]	Women's/Reproductive Issues		
[] Construction	[] Industry/Ma	nufacturing	[] Recreation/Entertai	nment [Workers' Compensation		
[] Education	[] Information	Technology	[] Religious	[]	Other		
[] Energy	[] Insurance		[] Retail Sales				
[] Environment	[] Labor Union		[] Telecommunications				
CLIENT'S BUSINESS DESCRIPTION AND LEGISLATIVE INTERESTS							
Provide a description of the client's business activity or mission or description of the industry, trade or profession that the client represents							
Provide a description of the areas of the client's legislative interests.							
Indicate v	which legislative	LEGISLATIVE committees, if known	COMMITTEES in, the lobbyist expects	to lobby during th	e vear		
[] Agriculture, Conservation and Forestry		[] Inland Fisheries and Wildlife		[] Natural Resources			
[] Appropriation and Financial Affairs		[] Insurance and Financial Services		[] State and Local Government			
[] Business, Research and Economic Development		[] Judiciary		[] Taxation			
[] Criminal Justice and Public Safety		[] Labor		[] Transportati	[] Transportation		
[] Education and Cultural Affairs		[] Legal and Veterans Affairs [[] Utilities and	[] Utilities and Energy		
[] Health and Human Services		[] Marine Resources					
I, the undersigned, certify that the information contained herein is true, correct and complete to the best of my							
knowledge.							
SIGNATURE OF LOBBYIST							
Signature of Lobbyist			Date				
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Unsworn falsification is a Class D crime (17-A M.R.S.A. § 453)							
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FOR COMMISSION STAFF USE ONLY			
Check Number	Amount of Check		